

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-678)

SERIAL NO.

APPLICANT(S)

FILING DATE 4/23/00

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1		1		
2		1			
3					
4					
5					
6					
6					
7					
8					
9					
10					
11					
12	1				
13					
14		1			
15					
16	1				
17					
18					
19					
20					
21					
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41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
TOTAL INO.	7		1		
TOTAL DEP.	9		1		
TOTAL 16					

INO.	DEP.	INO.	DEP.	INO.	DEP.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
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86					
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89					
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91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL INO.	122	125	155	155	155
TOTAL DEP.	16	16	16	16	16
TOTAL	122	125	155	155	155